

Docket: A-67209-5/RM DCF
[469420-00020]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:	David R. Walt, <i>et al.</i>	Examiner:	Lyle ALEXANDER
Appln. No.:	09/840,012	Group Art Unit:	1743
Filed:	April 20, 2001	CERTIFICATE OF FACSIMILE	
Title:	FIBER OPTIC SENSOR WITH ENCODED MICROSPPHERES	I hereby certify that this correspondence, including all enclosed enclosures, is being transmitted via facsimile to the United States Patent and Trademark Office, as addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at facsimile no. (703) 329-9306	
		on:	July 20, 2004
		Signed:	<i>Mari Klicicidam</i> Mari Klicicidam

PETITION FOR EXTENSION OF TIME

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby petitions for a one-month Extension of Time in order to respond to the Office Action mailed April 8, 2004. The Commissioner is hereby authorized to charge the fee of \$55.00 for a small entity and any additional fees that may be required, or credit any overpayments to Deposit Account No. 50-2319 (Our Order No. A-67209-5/RMS/DCF [469420-00020]).

Respectfully submitted,

DORSEY & WHITNEY LLP

Date: July 20, 2004By: David C. Foster

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JFD

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/1840012

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	31	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	31 minus 20=	11
INDEPENDENT CLAIMS	7 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=	99.00	OR X\$18=	
X40=	40	OR X80=	
+135=		OR +270=	
TOTAL		OR TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

8.17.02 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	Minus	8	=
Independent	3	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

4.14.03

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	2017	Minus	3	= 16
Independent	3	Minus	3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	144	OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE	144	OR TOTAL ADDIT. FEE	

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7.20.04

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	2017	Minus	447	= -
Independent	4	Minus	4	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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